

The patient was a male child, æt. 5 years. An attempt to raise a flap by Thiersch's method had failed three years before. The division of the sacro-iliac synchondroses permitted approximation of the anterior superior iliac spines to the extent of one inch, with corresponding diminution of the gap existing in the situation of the pubic symphysis. This gain was maintained by means of continuous extension. Two months afterwards an attempt was made to unite the opposite boundaries of the bladder, which failed, presumably in great part owing to the tension due to the old cicatrix. The bladder was then covered by means of a single lateral Thiersch's flap at a later date, the exposed surface having been reduced in area from 3.25 inches by 3.25 inches, to 1.5 inches by 1.5 inches. The following advantages were claimed for this mode of operating.—1. Saving of time. In one of Trendelenberg's cases the whole procedure, excepting the closure of a small fistula, occupied eight weeks only. 2. A perfect mucous lining to the bladder, interrupted only by a median cicatrix was obtained. 3. Failure of the primary operation in no way prejudiced subsequent measures. 4. Should primary union fail, much smaller flaps were required than in the usual operations. 5. The superficial area was not merely lessened, but a gradual backward sinking of the bladder wall accompanied the decrease in diameter. 6. The last two points were of especial importance in cases like the present one where a cicatrix interfered with the ready fashioning of flaps. 7. The closure of the symphyseal gap offered a better support for the abdominal viscera.—*Royal Medico-Chirurgical Society*, March 27, 1888.

C. B. KEETLEY (London).

VIII. Hypertrophy of the Prostate and its Relief by Operation. By F. A. MCGILL. F.R.C.S., (Leeds). It is pointed out that considerable prostatic enlargement may exist without causing much interference with micturition. The author gives three forms of enlarged prostate which give rise to characteristic symptoms, and which moreover have this feature in common, viz., that they project into the bladder, and may consequently be described as vesical and not as perineal outgrowths. The varieties are : 1. A uniform circular

projection surrounding the internal orifice of the urethra. This Mr. McGill believes to be the commonest of the three forms of vesical prostate when an examination is made in the *living* subject, for when the bladder has been removed from the body, the prostate loses the support of its capsule and other fibrous tissues and consequently the projection into the bladder cavity is to a great extent lost; 2. A sessile enlargement of the middle lobe; 3. A pedunculated enlargement of this lobe. After showing how these forms of prostatic hypertrophy prevent in a greater or lesser degree the outflow of urine, the author recommends a new operation—suprapubic prostatectomy—in cases where operative interference is called for.

The operation is shortly as follows; 1. Suprapubic cystotomy the bladder and rectum both being distended; 2. Examination of the interior of the bladder, and if a condition of prostate as described above is found; 3. Removal of the same by means of scissors curved on the flat.

Prostatic hæmorrhage is said not to be excessive. Five cases are mentioned which have been treated in this manner. One remains under treatment, the rest made a quick and satisfactory recovery and passed urine, without the aid of a catheter in a natural manner, whereas, before the operation constant catheterism was requisite. Two of the patients were seen after an interval of eight months and neither had in any way relapsed.—*Lancet*, Feb. 4, 1888.

IX. A Lecture on Tumors of the Bladder. By SIR HENRY THOMPSON, (London). After mentioning the varieties of vesical tumors and describing their symptoms, the lecturer in considering the question of operation, strongly deprecated any attempt to remove a cancerous growth though it might be necessary to open the bladder in such a condition to afford relief; although it had never fallen to his lot to meet with a case where such a proceeding seemed advisable.

For practical purposes two distinct classes of cases are met with. The larger class consists of those patients in whose urine the debris of papillomatous growths are found and which can be identified as such by the microscope. The second class consists of those cases in which